

**ALABAMA BOARD OF NURSING  
P. O. BOX 303900  
MONTGOMERY, ALABAMA 36130-3900**

**NON-EMPLOYER NOTIFICATION OF RECEIPT OF ORDER OR AGREEMENT**

| Licensee Information | Select Compliance Monitor   |
|----------------------|---|
| <b>NAME:</b>         | ____ VDAP<br>Telephone: 334-293-5228<br>Fax: 334-293-5201<br>e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a> |
| <b>LICENSE #:</b>    | ____ Probation<br>Telephone: 334-293-5229<br>e-mail: <a href="mailto:abn@abn.alabama.gov">abn@abn.alabama.gov</a>                 |
| <b>CASE #:</b>       |   |

**Instructions: This form is for use by a school of nursing or collaborating/covering physician.** The nurse named above is required to provide their school of nursing (if enrolled or employed) and collaborating/covering physician (if CRNP or CNM) with a copy of their Order or Agreement. Please complete the information requested below and return to the Compliance Monitor noted above as soon as possible.

The undersigned acknowledges that a copy of the Order of the Board has been provided to them.

|  |   |
|--|---|
| <input type="checkbox"/> School of Nursing<br><br>_____<br>Name of College or University | <input type="checkbox"/> Collaborating/Covering Physician |
| Printed Name and Title of Person Completing this Form                                    |   |
| Signature:   | Date:   |